

Putnam County Emergency Medical Services

AED Registration Form

1. Owner

2 Site:

3 Manufacturer:

4 Model:

5 Serial Number:

6 Address of Device:

6 City:

6 State

6 Zip:

7 Are you willing to respond off your site with the device (i.e. walking distance)?

7 Respond to:

7 How can an off site response be requested?

8 First Responder Agency:

8 First Response Vehicle:

9 Contact Person

9 Contact Phone

9 Contact Fax:

9 Contact Email:

9 Contact Mailing Address:

9 Contact City:

9 State

9 Contact Zip:

10 Alternate Contact Person:

10 Alternate Contact Phone:

10 Alternate Contact email:

11 Specify AED location on site, please give walking directions from common front door:

12 Hours AED available:

12 AED integrated with EMS

13 Action Plan on File: 14 Written Plan on File:

15 Training Standard Adopted:

16 List of Trained Personnel on File:

17 Initial Registration Date:

18 Medical Director:

19 MD Address

19 MD City:

19 MD State:

MD Zip Code:

19 MD Phone:

19 MD Fax:

19 MD Email: